CITY OF BUFFALO

DEPARTMENT OF HUMAN RESOURCES
Civil Service Division

BYRON W. BROWN
MAYOR

GLADYS HERNDON-HILL
COMMISSIONER

REQUEST FOR COMPUTATIONAL REVIEW

Examination Title	Examination Number

Print Name	Date of Request

I wish to have a computational review for the examination. I understand that there will be no review of test questions but only a verification of my score.

NOTE: Candidates will be notified by mail, of the date, time, and place of the review.

Name

Address (Number and Street)

City	State	Zip Code

SSN	Area Code Phone Number

E-Mail Address